

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755703

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: ISLAND BREEZE ASSOCIATION, INC.

## Current Principal Place of Business:

372 BLUEFISH DR.  
APT. 102  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 27  
FT WALTON BCH, FL 32549

## New Mailing Address:

FEI Number: 59-2433631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENENDIAN, LORETTA  
372 BLUEFISH DR APT 102  
FORT WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

MENENDIAN, LORETTA P  
372 BLUEFISH DR APT 102  
FORT WALTON BEACH, FL 32548 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LORETTA MENENDIAN

04/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MENENDIAN, LORETTA  
Address: 372 BLUEFISH DR.APT 102  
City-St-Zip: FT.WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: FOX, LINDA  
Address: 4761 HICKORY SHORE BLVD  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: STELLA, CARR  
Address: P.O. BOX 742  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: MCLENDON, PAULA E  
Address: 435 16TH STREET  
City-St-Zip: CALERA, AL 35040

Title: D ( ) Delete  
Name: CRIBBS, AUSTIN F  
Address: 372 BLUEFISH DR. APT. 201  
City-St-Zip: FORT WALTON BEACH, FL 32548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MENENDIAN, LORETTA P  
Address: 372 BLUEFISH DR.APT 102  
City-St-Zip: FT.WALTON BEACH, FL 32548

Title: T (X) Change ( ) Addition  
Name: CHRISTOPHER, LORI T  
Address: 372 BLUEFISH DRIVE PT.203  
City-St-Zip: FT.WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA MENENDIAN

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date